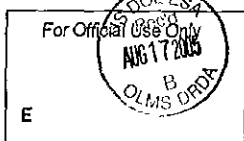


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8822</u> <u>16022</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>W</u> <u>Harris</u> P.O. Box, Bldg., Room No., if any Street <u>14420 Townsend Road, Suite A</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19154</u>	4. Name, file number, and address of labor organization. Name <u>Steamfitters Local Union No. 420</u> Labor Organization File Number <u>001-114</u> P.O. Box, Building and Room Number, if any Street <u>14420 Townsend Road, Suite A</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19154</u>
5. Position in labor organization. <u>Director of Training</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Mechanical Contractors Assn of Ea PA, Inc.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2250 Hickory Rd.</u> City <u>Plymouth Meeting</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19462</u>	7.a. Nature of Interest, Transaction, or Income. <u>Reimbursement of expenses, including airfare, hotel, meals, and related travel expenses, related to attendance at annual welding seminar. Attendance was related to duties of Director of Training.</u> 7.b. Amount. <u>\$1,599</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert W. Harris

On

8/12/05

Date

610 941 4478

Telephone Number

Name of Person Filing Robert Harris	File Number U-
-------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Steamfitters LU No 420 Appren. Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 14420 Townsend Road, Suite B</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19154</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>See attached.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of expenses including tools, meals, automobile expenses, internet, awards for graduates, supplies &amp; equipment used in the training facilities program &amp; attendance at training meetings.</p> <p>12.b. Amount. \$9,033</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Robert Harris</b>	File Number U-
--	----------------

**Part A Continuation Page**

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name if any).</b>  Name <b>Mechanical Contractors Assn of Ea PA, Inc.</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>2250 Hickory Rd.</b>  City <b>Plymouth Meeting</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>19462</b>	<b>7.a. Nature of Interest, Transaction, or Income.</b> <b>Attendance at Christmas party with wife 12/14/04.</b>  <b>7.b. Amount.</b>  <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">\$150</div>

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>7.a. Nature of Interest, Transaction, or Income.</b>  <b>7.b. Amount.</b>  <div style="border: 1px solid black; height: 20px; width: 150px; margin-left: auto;"></div>

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State      ZIP Code + 4	<b>7.a. Nature of Interest, Transaction, or Income.</b>  <b>7.b. Amount.</b>  <div style="border: 1px solid black; height: 20px; width: 150px; margin-left: auto;"></div>